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CONFIRMATION NO. 8141

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|--|---|--|---------------------------------|--|---------------------------|--------------------------------|
| SERIAL NUMBER 09/942,516 | FILING or 371(c) DATE 08/30/2001 RULE | CLASS 707 | GROUP ART UNIT 3626 | ATTORNEY DOCKET NO. 2000P09059US01 | | |
| APPLICANTS John E. Auer, Ipswich, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/249,576 11/17/2000 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/03/2001 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DILEK B COBANOGU/ Acknowledged Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY MA | SHEETS DRAWINGS 5 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS JACK SCHWARTZ & ASSOCIATES 1350 BROADWAY, SUITE 1510 NEW YORK, NY 10018 UNITED STATES | | | | | | |
| TITLE System and method for processing patient information | | | | | | |
| FILING FEE RECEIVED 970 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
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